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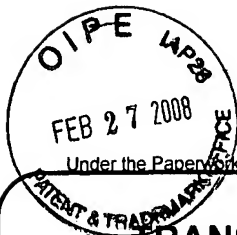
Attorney Docket No.: TDK-PAUS0005
Today's Date: February 22, 2008
Attorney: Kevin A. Wolff
Fee Transmitted Herewith: \$0.00
Serial No.: **10/532,984** ✓
Filing Date: April 28, 2005
Title: **ORDER FORECAST SYSTEM, ORDER FORECAST
METHOD AND ORDER FORECAST PROGRAM**
Inventors: Tomoyuki Yoshida, Ai Oike, Yosuke Shiwachi, Yuho Inoue

VIA US MAIL

THE DELIVERY HEREOF ACKNOWLEDGES RECEIPT OF:

DOCUMENTS BEING FILED:

- (1) Transmittal Form
- (2) Change of Correspondence Address Application (PTO/SB/122)



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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

3

Application Number

10/532,984

Filing Date

April 28, 2005

First Named Inventor

Tomoyuki Yoshida

Art Unit

3623

Examiner Name

Jonathan G. Sterrett

Attorney Docket Number

TDK-PAUS0005

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Wolff Law Offices, PLLC, P.O. Box 9855, Chapel Hill, NC 27515-9855

Signature

/Kevin Alan Wolff/ 

Printed name

Kevin Alan Wolff

Date

02/22/2008

Reg. No.

42,233

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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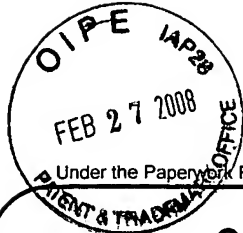
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**CHANGE OF
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*Application*Address to:
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Application Number	10/532,984
Filing Date	April 28, 2005
First Named Inventor	Tomoyuki Yoshida
Art Unit	3623
Examiner Name	Jonathan G. Sterrett
Attorney Docket Number	TDK-PAUS0005

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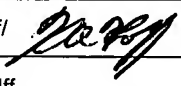
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I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or agent of record. Registration Number 42,233
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature /Kevin Alan Wolff/ Typed or Printed
Name Kevin Alan Wolff

Date February 22, 2008

Telephone 919-933-9684

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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